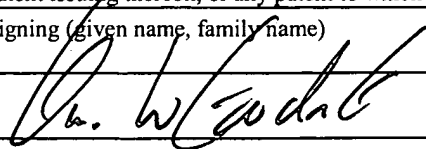


REISSUE APPLICATION DECLARATION BY ASSIGNEE		Docket Number (optional) 03042.0063
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the Inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>BAS Components Limited</u></p> <p>and the title of my position with said assignee is: <u>Director</u></p> <p>The entire title to the patent identified below is vested in said assignee. A copy of the Assignment and Recordation Notice are attached hereto.</p>		
Name of Inventor(s) Ian GASKIN		
Patent Number 6,526,650	Date of Patent Issued March 4, 2003	
Title of Invention Feed Head		
<p>I believe said Inventor(s) to be the original and first inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention identified above and the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissued application number ____ / _____ and was amended on _____ (if applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply).</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p>		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY ASSIGNEE (page 2)		Docket Number (optional) 03042.0063	
At least one error upon which reissue is based is described as follows:			
<p>An error, which is a statutory basis for reissue, is that the patentee failed to perfect the right of foreign priority under 35 U.S.C. § 119 to which he was entitled. In the transmittal letter filed on December 19, 2000, the patentee claimed the right of foreign priority to United Kingdom Application No. 9930693.8, filed on December 24, 1999. The patentee again claimed the right of foreign priority in the Declaration filed on May 5, 2001. The patentee, however, did not submit a certified copy of United Kingdom Application No. 9930693.8 before the original patent issued.</p>			
[Attach additional sheets, if needed.]			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center; margin: 0;">Type Customer Number Here</p>	
OR		<div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 5px; right: 5px; font-size: 20px;">→</div> <p style="text-align: center; margin: 0;">Place Customer Number Bar Code Label Here</p> </div>	
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City			
Country			
Telephone			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) Clive W. Goodall			
Signature			Date 16/12/03
Address of Assignee BAS Components Limited Cramptons Road, Sevenoaks Kent TN14 5DS, United Kingdom			